

Exhibit 11-1

HIERARCHY FOR DETERMINING INPATIENT HOSPITAL TIER LEVELS

Tier	Identification Criteria	Allowed Splits
MATERNITY	A primary diagnosis defined as maternity 640.X - 643.X, 644.2 -676.X, V22.X - V24.X or V27.X.	None
NICU	Revenue Code = 174 AND the provider has a certified Level II or III NICU. NICU revenue codes should only be billed for the period immediately following the infant's birth. Infants that are discharged home but return to the hospital and require ICU care should be billed using ICU revenue codes.	Nursery
ICU	Revenue code equal to 200 - 204, 207 - 212, or 219.	Surgery Psychiatric Routine
SURGERY	Surgery is identified by a revenue code of 36X . To qualify in this tier, there must be a valid surgical procedure code that is not on the excluded procedure list (Exhibit 11-2). The Surgery tier can only split with the ICU tier. All claim accommodation days that do not qualify at the ICU tier will be classified at the Surgery tier.	ICU
PSYCHIATRIC	Psychiatric Revenue Codes - 114, 124, 134, 144, or 154 AND Psychiatric Diagnosis = 290.XX - 316 . If a routine revenue code is present and all diagnoses codes on the claim are equal to 290.XX – 316 , classify as a psychiatric claim.	ICU
NURSERY	Revenue Code of 17X (excluding 174).	NICU
ROUTINE	Revenue Codes of 100 - 101, 110 - 113, 116 - 123, 126 - 133, 136 - 143, 146 - 153, 156 - 159, 16X, 206, 213, or 214.	ICU

Note: The order of the hierarchy does not denote level of payment.